

CONVENTION ACTION COVER SHEET

This cover sheet must accompany any resolution proposed for action by delegates to the State Convention. If you wish to submit more than 1 resolution, feel free to photocopy this cover sheet. Each resolution submitted must have its own completed cover sheet.

DEADLINE: POSTMARKED OR HAND DELIVERED TO THE STATE OFFICE BY JANUARY 25, 2009

Submitting group or person (Local PTA Unit, Council, Indiana PTA Committee or Commission, or Board of Managers member) _____

CHECKLIST ----is the proposed action:

_____ In accordance with PTA Objects and policies?

_____ Related to education, health and welfare of children and youth?

_____ Accompanied by background data?

_____ Signed (by the individual or the group's president or chairman)?

_____ Of state-wide concern?

Signature:

Date:

Please give the name of the person to contact if the Resolutions Committee wishes to get in touch with the originating person or group:

Name _____

Address _____

Telephone Number(_____) _____

Mail to: Indiana PTA
2525 North Shadeland Avenue D4
Indianapolis, IN 46219-1787